



capitalhealth

capitalhealth.org

Authorization for Access/Release of Protected Health Information

Instructions: Please complete the form in its entirety and mail to the appropriate Capital Health address based upon the location of your medical records. If you are requesting hospital medical records, send this form to the attention of the Health Information Management Department. Medical records can be accessed via the patient portal at https://www.capitalhealth.org/myportal.

Form with sections: Patient Name, Date of Birth, Home Address, 1. Type of Request, 2. Description of Information To Be Released, 3. Disclose/Send Information To, 4. Purpose of Release, 5. Term/Expiration, 6. Fees.

Signature of Patient or Patient's Representative

Date

Relationship to Patient

Witness Signature

Capital Health Regional Medical Center
750 Brunswick Avenue
Trenton, New Jersey 08638
609 394 6000

Capital Health Medical Center - Hopewell
One Capital Way
Pennington, New Jersey 08534
609 303 4000

Capital Health - Hamilton
1445 Whitehorse-Mercerville Road
Hamilton, New Jersey 08619
609 588 5050